

# American Optometric Association NEWS

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Volume 47

October 6, 2008

No. 5

## ODs assess hundreds of veterans at VFW national convention



**Veterans flank Don Ellison, O.D., after receiving an eye health and vision assessment at the August VFW National Convention.**

The AOA partnered with the Florida Optometric Association (FOA) to provide more than 300 eye health and vision assessments to American veterans and auxiliary members at the Veterans of Foreign Wars (VFW) National Convention in Orlando, Fla. The VFW meeting represents the largest gathering of veterans each year.

During the 109th national convention, members of the AOA's Professional Relations Committee (PRC) teamed-up with FOA volunteer ODs to assess veterans for eye health and vision problems during a four-day health fair. Veteran attendees were also thanked for their service by President Bush and addressed by presidential contenders Sen. John McCain and Sen. Barack Obama.

"This is an essential outreach effort that demonstrates the importance of regular comprehensive eye care to generations of aging veterans as well as to a new wave of veterans returning home from current U.S. conflicts overseas," said AOA President Peter Kehoe, O.D.

Dr. Kehoe credited many ODs and volunteers who helped make the VFW health fair a great success, in particular, Brad Giedd, O.D., and Ken Franklin, FOA executive director, whose leadership in recruiting Orlando-area optometrists ensured that America's heroes continue to receive the eye and vision care services that they deserve.

## ODs' homes, practices claimed in Hurricane Ike havoc



**U.S. Air Force Senior Airman Brandon Smith, a pararescueman assigned to the 331st Air Expeditionary Group, conducts search and rescue operations for residents in Galveston, Texas, on Sept. 13, 2008, following the landfall of Hurricane Ike. DoD photo by Staff Sgt. James L. Harper Jr., U.S. Air Force.**

A transformer sits in the swimming pool of Dickinson, Texas, optometrist Beverly Newhouse, O.D., but she considers herself lucky.

"We're some of the lucky few who got away without too much damage," said Dr. Newhouse. "Our house saw a little bit of damage to the

roof, but several in our neighborhood have been devastated."

Hurricane Ike made landfall along the coast of Texas and surrounding areas on Sept. 13, killing more than 50 people and causing more than \$27 billion in property damage.

The hurricane left mil-

lions without power, including those in the town of Dickinson.

Four days after the storm, phone service and power were sketchy in the area.

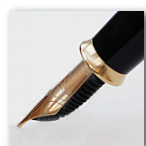
Dr. Newhouse said estimates are that they will be

*See Ike, page 10*

## Building the Paperless Practice: AOA's Electronic Health Records Seminar

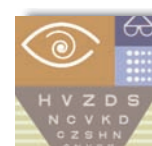
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Connecticut ODs run clinic in Nicaragua



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# PRESIDENT'S COLUMN

## Be prepared

For many, a “disaster” might be a fender bender on the way to or from the office. For others it might be a tree falling on a neighbor’s house, or possibly a patient who slips and falls in your office.

While these situations can be disastrous, there are other “real” disasters that we must prepare for. Most of us agree that all “disasters” leave a major hassle in their aftermath. They are one of the primary reasons we write the check to our insurance agents – the mere word evokes fear and risk.

Unfortunately, two close friends’ “real” disasters in their professional lives and the uncertainties that followed their disasters give my partner and I pause to rethink our own ability to restore our practices quickly in the event of a disaster. So far we’ve been blessed to avoid what our friends have encountered, but we need to be better prepared.

Imagine getting a phone call informing you that your entire office is engulfed in flames and there is real concern that not only will your office be a total loss, but the entire city block is in jeopardy. That is the phone call my friend and one of our AOA colleagues received on a Friday night a few years ago in Danville, Ill.

While watching his recently completed office go up in flames, good luck would begin by way of a former ophthalmology colleague who offered his vacant office

only a few blocks away. The doctors and staff were up and running and seeing patients in less than a week, and patient information was restored from an off-site backup. My friend’s stars were aligned and he will tell you now how fortunate he was during a true disaster.

Hurricane Katrina in 2005 reminded our country to plan for a disaster. The AOA completed a very extensive Disaster Preparation and Planning Guide for our members’ use, and Optometry’s Fund for Disaster Relief quickly stepped in and helped several hundred optometrists with financial assistance in

with insurance companies (one for the building they own and another for the office they run inside that building), large and small tasks, including the search for contractors who are available to bring the main office back to life as quickly as possible with a city who suffers from the same disaster.

Our colleagues’ true disasters serve as a reminder of how fortunate we’ve been in our office. We’ve used electronic medical records for several years. Our friend’s fire caused us to immediately find an off-site backup service for our servers to ensure that we would have nearly

*Hurricane Ike serves as a reminder that our entire eye care team will schedule time to review the AOA’s Disaster Preparation and Planning Guide to be sure everything is current.*

2005 and years since.

As you’ll read in this issue, Hurricane Ike struck another AOA friend, ripping the roof from their main office and dumping several inches of rain throughout the office in the path of Ike’s path. Fortunately for my Houston friends, they had a second office a few miles away that was spared serious damage. After moving their computer server, they are back up and running. Yet, the challenge in sorting out and restoring begins: negotiating

immediate access to all of our practice and patient information.

Hurricane Ike serves as a reminder that our entire eye care team will schedule time to review the AOA’s Disaster Preparation and Planning Guide to be sure everything is current and up to date.

Rather than waiting for your true disaster, my challenge to you is twofold:

❖ First, please consider making a financial contribution to Optometry’s Charity™ and Optometry’s Fund for



**Dr. Kehoe**

Disaster Relief so when the next disaster strikes our colleagues, the funds are available to quickly help as many of our colleagues who request assistance.

We’ve had several doctors thank us for helping them get through that critical period shortly after their disaster hit and it reminds us that we can make a difference.

❖ And for challenge No. 2, visit [www.aoa.org](http://www.aoa.org) and look through the operations and business management section to download and complete the AOA’s Disaster Preparation and Planning guide (free to members at [www.aoa.org/x7449.xml](http://www.aoa.org/x7449.xml)), and schedule time to prepare for the unexpected.

Be sure that if a true disaster strikes you, your friends will be comforted in knowing that you were prepared.

God Bless,

PS: Please be sure to visit my new blog:

[www.PetesAOABlog.com](http://www.PetesAOABlog.com) to share your thoughts on this, or any other topic you feel important.

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## AOA representatives meet students

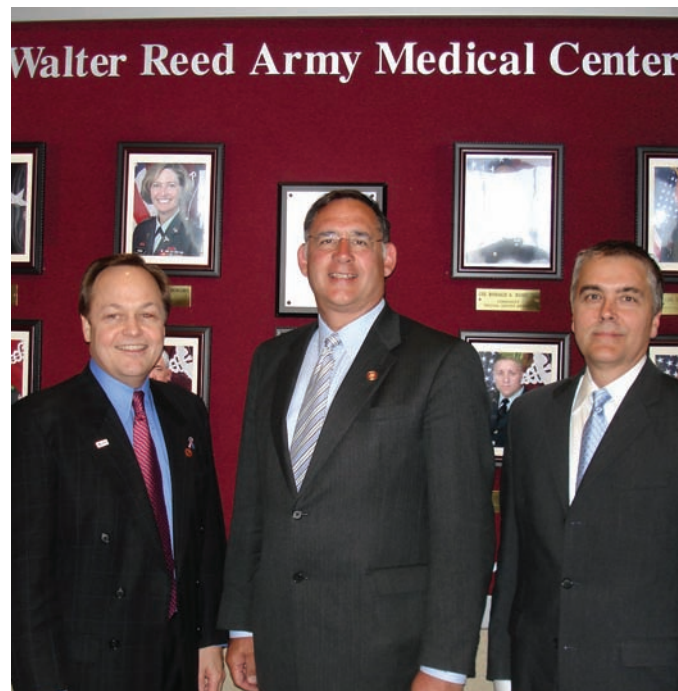


From left, Tyson Allard, AOSA Trustee at Northeastern State University College of Optometry, with AOA Student and New Graduate Committee Chair Jody Tacker, O.D., and Kansas Optometric Association representative Rebecca Dobbins, O.D., during the AOA visit to the school Sept. 8. More than 100 students and faculty were on hand to hear Drs. Tacker and Dobbins' presentation.

Andrea Thau, O.D., AOA trustee, visits with students during roundtables at the Michigan Optometric Association's Michigan College of Optometry (MCO) Student Night in Big Rapids, Mich., Sept. 16. The event also included a breakfast with MCO faculty the following morning.



## Lone House OD facing re-election



Rep. John Boozman, O.D. (R-Ark.), center, is joined by AOA President Pete Kehoe, O.D., left, and AOA Executive Director Barry Baressi, O.D., Ph.D., at the Walter Reed Medical Center. Rep. Boozman has been a leading advocate for eye care for wounded veterans.

The lone optometrist in the 110th Congress, Rep. John Boozman, O.D. (R-Ark.), is now facing re-election.

"As the lead sponsor of a number of optometry-specific pieces of legislation in the U.S. House of Representatives, Rep. Boozman is a model "Optocrat," according to the AOA Advocacy Group.

"He has led the charge to ensure that no child is left behind in the classroom due to an undiagnosed or untreated vision problem (H.R. 507), he supports an end to the exclusion of ODs from the National Health Service Corps (NHSC) student loan repayment and scholarship programs (H.R. 1884), to extend physician status ODs under the Medicaid program (H.R. 1983), a crack-down on the anti-patient activities of unscrupulous Internet contact lens sellers (H.R. 2012) and was the lead sponsor of the Military Eye Trauma Treatment Act, which was signed into law last year and will ensure better care for America's wounded service personnel," according to the

AOA Advocacy Group.

Around the United States, there are a number of optometrists in office, many of whom are up for re-election:

- ❖ Rep. James McClendon, Jr, O.D., now serving his second term in Alabama.
- ❖ Rep. Edward P. Hernandez, O.D., running for re-election in California,
- ❖ Sen. Pete Brungardt, O.D., in Kansas,
- ❖ Rep. J David Crum, O.D., in Kansas,
- ❖ Rep. James F. Morrison, O.D., in Kansas,
- ❖ Sen. David R. Heitmeier, O.D., in Louisiana,
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- ❖ Rep. Steven D. Tilley, O.D., in Missouri,
- ❖ Sen. Robert L. Hawks, O.D., in Montana,
- ❖ Rep. Arthur J. Corvese, O.D., in Rhode Island, and
- ❖ Rep. Gary Odom, Tennessee Optometric Association executive director in Tennessee.
- ❖ In addition, Deborah A. Long, O.D., is running for the South Carolina House.



### Ethical Issues in Contact Lens Practice Four video vignettes and a quiz

The American Optometric Association is pleased to offer free online continuing education to our members through this innovative program, generously supported by an educational grant from CIBA Vision.

This course was developed by the AOA Ethics & Values Committee and is COPE-approved for one credit hour continuing education in the category of Ethics/Jurisprudence.

To get started, visit [www.aoa.org/x10837.xml](http://www.aoa.org/x10837.xml).





## CODES

The logo for CPT 2008, featuring the text "cpt" in a stylized, lowercase, italicized font, with "2008" in a bold, sans-serif font below it. The background is a dark blue gradient with a subtle pattern of overlapping circles.

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# Online course walks ODs through ethical issues

An online ethics and values course featuring video vignettes is now available through the AOA.

The one credit-hour course, sponsored by CIBA Vision with technology support by Nova Southeastern University College of Optometry, depicts four issues regularly faced by optometrists with contact lens practices.

The scenarios include situations in which doctors deal with emergency contact lens presentations, long-distance referrals for specialty contact lens care, relationships between the office and industry representatives, and cases where partners disagree about wearing regimens for contact lens patients.

"These are very practical and common issues doctors face from time to time," said Morris Berman, O.D., who along with N. Scott Gorman, O.D., Ed.D., Tim Rioux, O.D., Dan Reiser, O.D., and Jim Paramore, O.D., served on the AOA

Ethics and Values Committee and developed the concept and implementation for this unique course.

The authors of the video vignettes were Norman Bailey, O.D., MPH, and Elizabeth Heitman, Ph.D., who are recognized experts in the field of clinical ethical decision-making.

"We chose ethical issues in contact lens practice because it's the largest area for practitioners besides clinical diagnosis," said Dr. Gorman. "We assembled a focus group composed of members of the Contact Lens and Cornea Section and interviewed them about ethical issues in contact lens practice."

The course includes the four video vignettes followed by a multiple choice test.

Course participants can submit their answers online and print a completion certificate if they score 70 percent or higher on the test.

The online course is

designed to be very accessible for practicing optometrists and students.

"Doctors are taking advantage of the technology," said Dr. Gorman. "They don't have to leave their home, office or families. It's really a great modality for them."

Some states allow a large number of continuing education credits to be taken online. Other states do not count online education at all.

However, there is a growing trend to include online continuing education toward state requirements, according to Dr. Berman.

"More and more online education is being done through the AOA, optometric organizations and industry," said Dr. Berman.

"And the ethics information presented in this course is uniquely different from the broad array of available online courses," he added.

To view the course, visit the AOA's Web site at [www.aoa.org/10837.xml](http://www.aoa.org/10837.xml).

## Podiatrists take AMA to task for document

Excerpts from a letter from Christian A. Robertozzi, D.P.M., president, American Podiatric Medical Association (APMA), to Ronald Davis, M.D., president of the American Medical Association (AMA):

"Although published under the guise of public health and safety, the [Scope of Practice Data Module published by the AMA] neither reflects the current state of podiatric medicine nor provides any objective basis upon which healthcare consumers and stakeholders may conscientiously discern the value of podiatric medical services. Rather, the document inaccurately judges podiatric medicine in a defamatory manner. The module offers no recognition of the contributions and expertise offered by podiatric physicians; yet, it undermines APMA's ongoing efforts to work collaboratively with its healthcare colleagues and jeopardizes the relationships doctors of podiatric medicine have with their patients by, among other things, discrediting their ability to educate patients on healthy lifestyles, diabetes, and ailments related to the lower extremity.

***"This document has already caused serious harm. We were advised that one of our members was recently denied additional privileges in ankle and rearfoot reconstructive surgery at a hospital as a direct result of this document."***

"This document has already caused serious harm. We were advised that one of our members was recently denied additional privileges in ankle and rearfoot

reconstructive surgery at a hospital as a direct result of this document. The hospital cited the module as its basis for denying privileges and placed the onus on the doctor to repudiate the information therein. (The denied privileges are for the same privileges the doctor has at two other local hospitals and a surgical center.)...

"It is remarkable that the AMA would publish a document that purports to offer a factual analysis of podiatric medicine without first attempting to verify its accuracy with the APMA....In view of the gross inaccuracies and misinformation promulgated in the module, the APMA must wonder whether the true intention of the AMA was to cause irreparable damage to individual doctors of podiatric medicine and to the podiatric medical community."

In a February letter in response, Michael D. Maves, M.D., AMA executive vice president, chief executive officer, writes:

"We do not agree with either the assertions or the allegations in your letter. The Podiatrists module in the AMA Scope of Practice Data Series is a carefully researched, fully-documented assessment of the podiatry profession based on information available to us."


He concludes, "This AMA Scope of Practice Data Series module on podiatrists and other health professions is intended to be used to inform legislators, regulatory bodies and other governmental decision-makers."



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# AOA calls out AMA over 'unimaginable' omissions

In the wake of a disputed "Scope of Practice Data Module" published by the American Medical Association (AMA) on podiatry, the AOA has contacted the AMA in the hopes that similar flaws won't bedevil a document on optometry.

"Since it would be unimaginable for any credible document on eye and vision care in America to be released to the public without full input from the American Optometric Association ("AOA"), I am writing to begin discussions concerning the transfer of the draft to this organization, the timetable that will be necessary for optometry's review and the process that will be used for full inclusion of our input," wrote AOA General Counsel Wayne B. Henry, J.D., in a letter to Nancy H. Nielsen, M.D., Ph.D., AMA president.

"Our concern is that, if the AMA publishes a document that is unfavorable, inaccurate or misleading, it's not good for anyone — not even the AMA," Henry told AOA News.

He noted that "depending on the expertise of the reader, third parties and the general public may think the AMA's document is gospel. It's conceivable that such a document, although wrong, could become truth to some people."

The module on podiatry, for example, has already been cited by the American Podiatric Medical Association (APMA), as the reason a podiatrist had additional hospital privileges denied. (See related story, page 6).

If a similar document is in the works for optometry, what sort of treatment could optometrists expect?

❖ Language the AMA uses in the podiatry module is decidedly antagonistic at times, with podiatric education termed "obsolete" and a reference to "great indifference from the profession of podiatry itself."

❖ In other cases, it's nonsensical, as in a passage referencing a 1993 California

## AMA moves part of larger strategy to try to diminish the importance of Americans' greater access to optometrists

According to the AOA Advocacy Group, the Scope of Practice Partnership (SOPP) 'Scope of Practice Data Module on Optometry' is expected to be released to media outlets and lawmakers on Capitol Hill and in statehouses nationwide later this fall.

Funded and developed by the AMA, ophthalmology and other MD provider groups, the latest SOPP project will likely serve as the centerpiece of a new nationwide advocacy campaign aimed at shrinking optometry's scope of practice and diminishing the profession in the eyes of the public, reports the AOA Advocacy Group.

At the heart of the scheme is an effort to discredit the vital care that ODs provide in rural and other underserved areas. Utilizing the SOPP Geographic Mapping Initiative, the AMA and ophthalmology are expected to include data in the forthcoming report aimed at disproving that doctors of optometry often practice in areas where medical doctors do not have practices and that ODs therefore play an important role in enhancing access to care, say AOA Advocacy Group leaders.

As noted in a past AOA News report (June 2008),

the SOPP is an AMA effort to unite doctors of medicine and osteopathy in opposition to the increasing use of optometrists and other non-MD providers in primary care. The alignment also funds research to examine the education and training, academic requirements, licensure, certification, ethics, governance, disciplinary processes and other professional tenets of optometry and other providers.

In the past, much of the SOPP efforts have focused on enacting "truth-in-advertising" legislation at the federal and state level. Typical of such legislation is the Sullivan bill (H.R. 2260), introduced in Congress last year, which would have required health care providers who do not hold MD or DO degrees to issue disclaimers to patients. Failure to issue the disclaimer would have been considered a violation of federal unfair trade statutes.

Strongly opposed by the AOA and other organizations, the Sullivan bill failed to win support among legislators and has effectively stalled. However the AOA Advocacy Group anticipates that the measure and other similar efforts will likely be introduced in the 111th Congress.

*"Our concern is that, if the AMA publishes a document that is unfavorable, inaccurate or misleading, it's not good for anyone — not even the AMA."*

report on residency training: "The authors noted that clinical instruction in obstetrics, gynecology and urology is minimal in podiatry school..."

❖ Its tone can be condescending: "The authors did note that a podiatry resident training in an academic health center on an inpatient service does increase his or her functional level to that of a first-year medical student."

❖ Other times, it could best be described as snarky. For example, this parenthetical: "(The term 'rearfoot' is commonly used by podiatrists to mean what physicians term the 'hindfoot'...).

Topics covered in the podiatric module included an overview of the profession, demographics, education, residencies, fellowships, board certification and state licensure. According to the

APMA, the information presented by the AMA was outdated, incomplete or even wrong.

"On behalf of optometrists nationwide, the AOA sets professional standards applicable to optometrists and is a leading organization committed to improving the quality and availability of eye and vision care," Henry wrote. "The American people, health care policymakers and elected officials would all be very poorly served if inaccurate, incomplete or misleading information concerning eye and vision care was to be disseminated through the efforts of a national organization. With this in mind, I can assure you that you will find that the AOA can be an eager and helpful resource in ensuring that patients and public officials are fully and correct-

ly informed."

Henry told AOA News that his hope is that the AMA will recognize the AOA's

expertise in the area and agree the AOA's involvement is necessary in producing an accurate document. "We are the leading eye and vision care experts in the country," he said. "Failure to seek input from the AOA should cause many to question the AMA's educational objectives."



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For information, visit [www.opted.org](http://www.opted.org) or call 301-231-5944 x 3018.



## Promising results in phase 1 gene therapy trial for blinding disease

Three young adults with an inherited form of blindness showed evidence of improved day and night vision following a specialized gene transfer procedure in a phase 1 clinical trial funded by the National Eye Institute (NEI), part of the National Institutes of Health. In addition no adverse effects from the therapy were reported. These findings are reported online in the Sept. 22 issue of *Proceedings of the National Academy of Sciences* and in the Sept. 7 issue of *Human Gene Therapy*. These new reports extend the findings of two other papers published earlier this year in the *New England Journal of Medicine*.

Patients in the study had one genetic form of Leber congenital amaurosis (LCA) caused by mutations in the RPE65 gene. In this form of LCA, retinal neurons (photoreceptor cells) do not respond to light because the defective RPE65 proteins cannot produce sufficient vitamin A molecules necessary for healthy vision. Vision loss is severe from retinal degeneration in all forms of LCA. However, unlike many other forms of LCA, the RPE65 disease retains some relatively intact retina. Knowledge of the exact retinal locations of these non-functioning photoreceptor cells provides the opportunity to target the therapy and overcome the RPE65 gene defects.

Patients who had visual impairment since birth due to the defective RPE65 gene received a subretinal injection to replace the nonfunctioning gene in pre-selected regions of the retina with less degeneration of photoreceptor cells. Over the 90-day period of the study, gene therapy was associated with improvement of visual function.

This study is the first to show that gene therapy can improve both day and night vision in patients with LCA. Day vision was improved by 50-fold and night vision by 63,000-fold compared to pre-treatment levels. Restored vision was localized to the area of treatment in the treated eye.

"This study has partially restored vision in three young adults," said Paul A. Sieving, M.D., Ph.D., director of the NEI. "This gene therapy trial builds on 15 years of research sponsored by the National Eye Institute and proves that we're on the right track. We can now invest in further work to refine, and ultimately to expand, genetic treatment approaches."

Researchers in this study were first to examine the enzymatic cycle of vision targeted by the treatment by measuring the speed with which the patients' vision adjusted from bright to dim environments. They learned that, while the speed of day vision was near normal, night vision took more than eight hours to adjust to darkness as compared to one hour in normal eyes.

"We did not suspect this from pre-clinical studies. The first clues came while interviewing patients about their visual experiences after treatment, and we immediately altered our testing strategies appropriately," said Artur V. Cideciyan, Ph.D., research associate professor of ophthalmology at the University of Pennsylvania. "In future studies, we will seek ways to make the restored vision even more useful to the daily lives of patients."

Given the positive results, the study will now be expanded to include more patients, confirm the safety and effectiveness of the therapy and advance the gene transfer techniques.

Further information about this trial, NCT 00481546, can be found at [www.clinicaltrials.gov](http://www.clinicaltrials.gov). For background information on LCA, visit [www.nei.nih.gov/lca](http://www.nei.nih.gov/lca).

## State affiliate shows deep interest in global eye care

The Wisconsin Optometric Association (WOA) and Optometry Giving Sight, an international fundraising organization, announced the proclamation of Oct. 9 as World Sight Day by Wisconsin Gov. Jim Doyle (D).

"There are over 300 million men, women and children around the world who are blind or vision-impaired simply because they don't have access to an eye exam and a pair of glasses," said Gov. Doyle in the proclamation. "Success requires global collaboration through increased political and professional commitment to the prevention of vision impairment."

World Sight Day, held this year on Oct. 9, is a global event that seeks to bring awareness and action to the elimination of avoidable blindness by the year 2020.

Each year, Optometry Giving Sight issues its World Sight Day Challenge and asks optometrists to donate exam fees, make a regular donation and plan a practice celebration in order to raise funds for projects that provide vision care, local training and infrastructure support for people in countries where such services do not currently exist.

In the proclamation, Gov. Doyle commends the WOA for being one of the first optometric associations in the world to endorse Optometry Giving Sight as its International Charity of Choice and the many optometric professionals in Wisconsin who are participating in the World Sight Day Challenge and supporting sustainable vision care projects that are giving sight—and hope—to people in need.

The WOA endorsed Optometry Giving Sight in 2005.

John Bonsett-Veal, O.D., president of the WOA, Michelle Harper, O.D., past-president of the WOA, and a growing number of optomet-



**There are more than 300 million who are blind or vision-impaired due to uncorrected refractive error. Optometrists, staff, students and industry are all participating in the World Sight Day Challenge and giving sight — and hope — to these individuals who simply need an optometric exam and a pair of glasses. World Sight Day is Oct. 9. Join the celebration throughout October by making a donation, donating a day's worth of exam fees and holding a practice celebration.**

ric leaders in Wisconsin have joined the World Sight Day Challenge.

Wisconsin optometrists have raised thousands of dollars for Optometry Giving Sight.

"No one in this world should suffer from blindness simply because they are in need of an eye exam and a pair of glasses," said WOA Executive Director Peter Theo. "The governor's proclamation highlights the amazing contribution Wisconsin optometrists have made and will continue to make in eliminating unnecessary blindness globally. We believe it is imperative for our membership—those who give sight on a daily basis—to share their good fortune with those in underserved communities."

Theo and Vic Connors, O.D., chair of Optometry Giving Sight in the United States and a Wisconsin optometrist, worked together to bring World Sight Day to the governor's office.

"Our community contin-

ues to show compassion through contributions that make a difference in a stranger's life on the other side of the world—effectively offering hope to someone living a life of poverty and despair," said Dr. Connors. "Witnessing the wonder in a patient's first moments of vision through corrective lenses after being unable to see their world touches your heart. Our passion for caring about eye health and vision is meant not just for our local community, but for all mankind."

Just \$5 can provide an eye exam and a pair of glasses in many developing countries.

Through the generosity of its corporate sponsors, Optometry Giving Sight guarantees that 85 percent of all funds raised by optometrists and their patients goes directly to programs that give sight to those in need.

For more information about Optometry Giving Sight, visit [www.givingsight.org](http://www.givingsight.org).





## SPOTLIGHT ON AOA MEMBERS

# Connecticut ODs run yearly clinic in Nicaragua

**V**OSH-Connecticut founders Matthew Blondin, O.D., and his wife Audrey Blondin, Esq., along with other members of VOSH-Connecticut and support staff, run an annual eye clinic in San Juan del Sur, Nicaragua.

The group held a clinic for the 10th year at the Centro Escolar Enmanuel Mongalo y Rubio in January 2008.

The team consisted of six optometrists led by Dr. Blondin: Jerry Hardison, O.D., Brian Lynch, O.D., Abby Quinn, O.D., David Kendrick, O.D., and Michael Gordon, O.D.

More than a dozen students were also part of the mission. Kenzo Otsuji, Jenny Nguyen, David Leong, Jennifer Park, Dale Choi, Jessica Lee, Nancy Luu, and Josie Yang were from the

optometry students from the Netherlands.

In addition to the doctors and students, volunteers included: Assistant Clinic Director Joyce Krinitsky, opticians Dottie Byus and Mareshah Lynch, Olivia Quinn, Tommy Thompson, Susie Ruiz, Rebecca Gordon, Justine Hope and Nick Gordon.

As in past years, approximately 50 local residents assisted with the clinic duties. Many of these local residents have been volunteering at the clinic for each of the 10 years of service to the area. The location of the clinic is important because residents in the area of San Juan del Sur suffer extreme poverty and need.

Water and electricity are scarce, and inflation has caused some families to

struggle supporting themselves.

Wages average around \$5 a day. The average per capita income in Nicaragua is about \$700, making it the second poorest country in the Western Hemisphere.

To help

patients with access to the clinic, VOSH-Connecticut hired a bus to bring people in from the local and surrounding areas during the four days of the mission.

The group set up a clinic with five examination rooms, a pre-testing room, dispensary



**Jerry Hardison, O.D., examines a patient in the eye clinic in San Juan del Sur, Nicaragua.**

and lunchroom.

Over the four-day period, the mission helped a total of 2,428 patients. The clinic averaged between 550 and 650 patients a day.

"Overall, this year's mission went very smoothly, due in large part to the fact that so many mission members have worked so often and so well

together in the past and continue to recognize service above self," said Dr. Blondin.

"Mission members came away with a great deal of self-satisfaction knowing that many in need were helped by their generous and unselfish efforts, and VOSH-Connecticut continues to be grateful to all of those, both here and in Nicaragua, who work together as a team to provide eye care to so many who otherwise would have none."

Common pathologies found on the mission included cataracts, pterygia, glaucoma, corneal foreign bodies, toxoplasmosis, conjunctivitis, retinal disease, hypertension and some cancers.

Though the group is glad they diagnosed the conditions, they are concerned about follow-up treatment for patients in the area.

Lists of names were kept of needed patient cataract surgeries; other medical conditions such as goiters, heart problems and possible carcinomas remain untreated with

little or no further treatment options, according to Dr. Blondin.

The clinic has a security team during the mission, but other places in Nicaragua are not as safe.

During a break from mission activities, Dr. Blondin and his son Nick were surrounded by Nicaraguan army

Audrey Blondin, who is the clinic director.

The mission also ran into problems with supplies for the clinic.

"Because of the current global situation, it is no longer possible to transport any mission supplies with us," said Dr. Blondin. "This mission is only able to continue because of the generosity and support of Chris Berry and Pelican Eyes, who allowed us space on their shipment container."

VOSH-Connecticut purchased more than 3,000 pairs of glasses from the Virginia Lions Club, along with 3,000 pairs of sunglasses and 1,000 pairs of readers.

Alcon Laboratories, Inc., Allergan Pharmaceuticals and Dr. Bradley Rosenberg donated pharmaceutical drugs for use during the mission.

At the conclusion of the 2008 mission, the group was presented with an official citation signed by Connecticut Gov. Jodi Rell (R), and San Juan del Sur Mayor Eduardo

Holmann honored the VOSH-Connecticut members along with the local doctor, Rosa Elena Bello, for their service to area residents.

The group is planning its 11th VOSH mission in San Juan del Sur from Jan. 10-17, 2009.

For more information, or to volunteer with a local group, visit [www.vosh.org](http://www.vosh.org).

*"Mission members came away with a great deal of self-satisfaction knowing that many in need were helped by their generous and unselfish efforts."*



**From left, Jerry Hardison, O.D., Brian Lynch, O.D., Abby Quinn, O.D., and Matthew Blondin, O.D., take a break on their 10th annual VOSH trip to Nicaragua.**

University of California School of Optometry at Berkeley. Nick Blondin was in his fourth year at the University of Connecticut Medical School, and Kirsten van Althema, Martine van Angelen, Elien Janssen, and Astrid Snijder were third-year

personnel pointing AK-47 rifles at them for allegedly trespassing in an off-limits beach area.

"Only because of the help received by our now-bilingual foster child Orlando Sevilla, who was with them, was an explanation satisfactorily received, allowing them to escape unharmed," said



**Local volunteers staff the Snellen charts.**

### Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to [RAFoster@aoa.org](mailto:RAFoster@aoa.org).



**U.S. Air Force Staff Sgt. Lopaka Mounts, left, and Senior Airman Brandon Smith, both Pararescuemen assigned to the 331st Air Expeditionary Group, run through a flooded portion of Galveston, Texas, Sept. 13, 2008, in search of residents in need of evacuation.**  
(U.S. Air Force photo by Staff Sgt. James L. Harper Jr.)



**Ike,**  
from page 1

without power for three weeks in her neighborhood.

Dr. Newhouse said many of the residents in her neighborhood are older and need assistance.

Dr. Newhouse is helping out by sharing use of her recreational vehicle kept running with the aid of a generator.

"I've offered to let some of my neighbors stay there overnight with the air conditioning," said Dr. Newhouse. "They need it more than me."

Dr. Newhouse's practice in League City, further north from the coast, did not see the same damage as her neighborhood.

"My practice came out OK," said Dr. Newhouse. "Water came up to the door, but it didn't get inside."

One of Dr. Newhouse's employees was not so lucky.

"I have an employee who lives on the water, in La Porte," said Dr. Newhouse. "Her house is totally gone."

The scene varied from town to town, especially those further inland.

Those in Dickinson and other areas had to drive to League City for supplies and food.

Dr. Newhouse's husband waited in line at Home Depot for two and a half hours. The line at the grocery store was three hours long, and customers were only being allowed in a few at a time to keep the congestion down.

Despite the hardships, Dr. Newhouse sees the good in the situation.

"What has happened is that our neighborhood has really pulled together," said Dr. Newhouse. "We're going to get through this and rebuild."

Optometry's Fund for Disaster Relief, an entity of Optometry's Charity—the AOA Foundation, is available to help ODs whose homes or practices have been damaged by hurricanes during this very active 2008 hurricane season.

Information about how to donate or obtain assistance, including an application form, is available at [www.aoa.org/x5590.xml](http://www.aoa.org/x5590.xml).

## Texan OD offers advice from hard experience

In response to Hurricane Ike and other catastrophes, the Texas Optometric Association released tips from Brian Blount, O.D., who has personal experience dealing with Hurricane Rita in 2005. These reminders cover simple things that optometrists can quickly do to protect their assets and livelihood after the storm.

- ❖ **Account for your family and staff.** Get people emergency aid first and foremost.

- ❖ **Get cameras and start taking pictures of all the damage immediately.** This will serve as evidence if the insurance companies question your recovery efforts.

Be careful about accepting interim fill-in work with other offices. This may cancel your stop-gap insurance payments.

- ❖ **If you have not done so, pack up your computers, financial records, and your appointment calendar.** You will need these to get compensated by your insurance company. Business policies usually pay for loss of business and downtime. But you must show that your office had appointments booked, and you must calculate how much of this is not "rebookable"—you must be able to calculate how many of these patients could not wait and would go to another optometrist for services. The insurance companies generally don't pay for "delayed" revenues, it must be lost income. Take all financial records with you, including checkbooks, bank and credit card statements, bank line of credit numbers, etc. These documents, if found floating downstream or in the trash barrel, can be used to set you up for identity theft.

- ❖ **Try to limit the water damage.** As soon as the storm passes, hire or rent equipment to pump the water out of your office. Insurance usually pays 100 percent of this. Rip out all carpets. Once the water is out, rip off all floor moldings. These keep the water from quickly draining. Rip off the lower wall boarding and insulation to just above the water line and throw all of it out. These are full of water and will "wick" up causing more damage and the growth of mold.

- ❖ **If windows have been broken, send someone to the nearest lumber yard and start boarding up holes through which additional rain can enter.** Cover large holes in a roof with plastic sheeting—you will need to nail this down. If possible, call a roofing company as soon as possible and get on their waiting list for service.

- ❖ **Hire your employees to help with the clean-up.** Your insurance company usually pays for clean-up workers. This keeps your employees working while you are out of business, thus giving them paychecks and showing that you care about them. They will be less likely to go looking for

another job during this time.

- ❖ **Most insurance policies pay for records recovery.** If you were not a "paperless" office, now is the time to consider becoming one. Insurance usually covers the purchase of equipment to copy your damaged records and the paper on which to print them. Due to mold and other health hazards, most of your records will be permanently lost if not copied quickly. Consider using the insurance money to buy a high-speed, two-sided copier that can directly copy your records into an electronic record. You can "hire" your employees to do this during the recovery process, and it is a reimbursable expense. It is a lot easier to take a computer hard drive with you in an emergency than walls of paper records.

- ❖ **If you need to evacuate the building, go to a post office and get a post office box and fill out a temporary change-of-address card.** You want the least disruption to your business as possible. Suppliers will not be happy if they get bills returned with no forwarding address, and you will need their good will as you rebuild. Have staff call your major vendors and see if they will extend your billing dates until you are back in business and hold any orders that may be ready to ship.

- ❖ **Ask your insurance agent how much water damage is covered by your policy.** Does it only cover rain damage or does it include flooding? Do you have a specific flood insurance rider on your policy? Does your policy have "gap" insurance to cover your business expenses while you are rebuilding? Does your policy cover the replacement value of equipment and furnishings or only the depreciated book value? Does your insurance cover setting up a temporary place of business? Not very many do.

- ❖ **If you lease space, you may be addressing questions from your landlord's insurance company in addition to your own.** As a renter, you should have your own policy that covers the interior of the building plus all of your tenant improvements, equipment and furnishings, records, etc. However, a portion of this policy is directly payable to your landlord, not you, for structural reconstruction and tenant improvements. You will have to work closely with your landlord to get things done. And if the owner decides not to rebuild, a large portion of the build-out funds will be lost to you.

- ❖ **Call your local society president, your state organization and the AOA.** They are probably organizing relief efforts. For example, for the recent hurricane relief efforts ODs can log on to [www.aoa.org/x5590.xml](http://www.aoa.org/x5590.xml) to apply for an AOA grant of up to \$2,000—see related story, page 11.





**Local police and county sheriffs conduct patrols in Houston, Texas, Sept. 13, 2008, to ensure the safety of the city's remaining residents following the landfall of Hurricane Ike. The category 3 storm, which hit the Gulf Coast of Texas, left behind a trail of broken windows, flooded streets and millions of Texans without power.**

## Optometry's Fund for Disaster Relief gets more than 60 requests for assistance —so far

Optometry's Fund for Disaster Relief, an entity of Optometry's Charity™—the AOA Foundation, is available to help ODs whose homes or practices have been damaged by hurricanes during this very active 2008 hurricane season.

As of Sept. 25, Texas ODs had made 60 requests for assistance due to losses from Hurricane Ike, and Louisiana ODs had made three requests due to Hurricane Gustav.

When a natural disaster strikes, the damage to structures and equipment is only part of the challenge facing affected practices.

Many optometrists see their patients disperse to other areas of the country, further hampering practice recovery efforts.

For some optometrists, it can be months before their home community stabilizes to allow the beginning of recovery.

Without a practice or patients, these optometrists have no means for generating income and require help with

*For some ODs, it can be months before their home community stabilizes to allow the beginning of recovery. Without a practice or patients, these optometrists have no means for generating income and require help with basic needs.*

basic needs.

"Equally important is our goal of securing the resources to meet those affected by the next disaster," said Shannon Reynolds Torbett, Optometry's Charity™ administrative director. "Your support is needed more than ever to ensure the fund's continued availability, and I encourage optometrists who can to offer assistance to their fellow optometrists to do so because, quite frankly, we don't know when another disaster is going to strike."

The Optometric Disaster Relief Fund provides financial relief to these optometrists who have experienced the loss

of or severe damage to their practice and/or home through Optometry's Charity™, a 501(c)(3) foundation.

"We've had individuals like Dr. James Benjamin Benigno from Pass Christian, Miss., who recently made a donation to the fund," said Torbett. "Dr. Benigno told one of the foundation staff members that he had been affected by Katrina, and that the Mississippi Optometric Association and the AOA both helped him when he was in need and he now wanted to return the favor."

To donate to the fund or obtain assistance, visit [www.aoa.org/x5590.xml](http://www.aoa.org/x5590.xml).

## After practice flooded, months of work before doors reopen to patients

AOA Trustee Ron Hopping, O.D., MPH, of Friendswood, Texas, received a little extra in his inbox after Hurricane Ike hit—one and a half inches of water.

"We had seven exam rooms, preliminary areas and our private offices, and they all took on water," said Dr. Hopping. "We came in on Sunday, and it didn't look quite as bad. Then the water started spreading, and by Monday it was everywhere."

Dr. Hopping's Clear Lake practice is just south of Houston.

Hurricane Ike first hit the area on Friday, Sept. 12, making landfall on Saturday, Sept. 13.

Dr. Hopping leases space in a medical building in which the corner of the roof was blown back, allowing water in.

"It just happened that it was our corner of the building," he said.

On Monday, Dr. Hopping and his partners brought in a generator to power lights, dehumidifiers, and fans in the office trying to avoid mold and mildew from setting in.

"We started with a wet vac, then we pulled up the carpet, and we ended up cutting the walls up about two feet because the water had soaked in," Dr. Hopping said.

All the wiring in the office will have to be replaced because the insulation above the ceiling is soaked as well.

Dr. Hopping estimates it will take two to three months before the office is ready to reopen.

"The most important issue is how to take care of our patients," said Dr. Hopping. "We've treated lots

of eye infections and had patients come in with broken glasses over the past week. We're lucky we have a small second office just six or seven miles away."

Dr. Hopping's house fared better than his practice.

"Everybody lost their fences and their trees," he said. "And we did lose some siding off the house. Part of a chimney—it must have been 15 or 20 pounds—landed in our swimming pool. It came from five houses down the creek from us. It must have been 180 yards. Don't know how it made it that far."

Dr. Hopping said his area was very fortunate Hurricane Ike made a turn at the end. Otherwise, the storm surge would have been seven feet higher. "All in all we are very fortunate as many others lost their homes and entire businesses."

Dr. Hopping also credits the Texas Optometric Association with providing helpful tips for dealing with this crisis.

"They were very helpful," he said. "We put most of our instruments into drawers to protect them, which was something they recommended in their article." (see page 10)

"We have contributed to Optometry's Charity™ Disaster Relief Fund in the past—I guess now many of us will be benefiting from that fund," said Dr. Hopping.

The support from others has poured in.

"I really did appreciate the number of e-mails and phone calls I've received just touching base," said Dr. Hopping. "Just having their support is very uplifting. And you know Texas is a great place, but stuff like this is just part of the territory."



## CLCS offers free online CE

The Contact Lens and Cornea Section (CLCS) of the AOA is offering FREE online continuing education courses at [www.aoa.org/x6595.xml](http://www.aoa.org/x6595.xml). AOA members can take advantage of this innovative AOA CLCS online program, supported by an educational grant courtesy of CooperVision, by choosing from one (or both) of the COPE-approved one-hour modules.

The site, called AOA CE Online, is an advanced hyper learning portal featuring web-video content packaged in an easy-to-use, high-impact and interactive format.

AOA CE Online is a product of Visual Eyes' iSTORY™ technology, a versatile information delivery platform for education and training designed to deliver compelling content over the web. The site integrates CE testing and certification, tracking and reporting of CE hours, and user-survey feedback.

AOA CE Online features two one-hour CE courses, produced for the AOA Contact Lens and Cornea Section, sponsored by CooperVision.

❖ Course 1: 1-Day Contact Lenses presented by Jack L. Schaeffer, O.D.

Course learning objectives:

1. Review the risks associated with wearing soft contact lenses.
2. Review the safety aspects of wearing 1-Day disposable lenses.
3. How to present the 1-Day lens advantages to your patients.
4. How to position 1-Day lenses to benefit your patients and your practice.

❖ Course 2: Silicone Hydrogel Update presented by Lyndon Jones, Ph.D., FCOptom

Course learning objectives:

1. How SiHy lenses contribute to reducing contact lens wear drop-outs.
2. Understanding the oxygen delivery characteristics of SiHy materials.
3. Understanding the wettability characteristics of SiHy materials.
4. Understanding the surface deposition characteristics of SiHy lenses.

For more information on the AOA CLCS online CE program, contact Mary Beth Rhomberg, O.D., associate director of Sections, at 800-365-2219, ext. 4148.



## AOA says 'Thank you Mr. Majority Leader!'

**Rep. Steny Hoyer (D-Md.), majority leader of the U.S. House of Representatives, (left), and AOA Washington Office Director Jon Hymes meet to discuss AOA-backed bills before Congress, including the Optometric Equity in Medicaid Act (H.R. 1983), the National Health Service Corps Improvement Act (H.R. 1884) and the Vision Care for Kids Act (H.R. 507). Hymes also thanked Rep. Hoyer for his decisive leadership of the successful months-long effort to avert massive Medicare physician payment cuts targeting ODs and other doctors.**

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## HHS issues new privacy rule guides for health care providers, patients

**T**he Department of Health & Human Services' Office for Civil Rights has published two new guides — for health care providers and patients — that discuss when a provider may share a patient's health information with others involved in the patient's care.

Both guides answer common questions about privacy requirements under the Health Insurance Portability and Accountability Act (HIPAA).

The patient guide notes that HIPAA does not require providers to obtain written permission to share or discuss a patient's personal health information with family members and others involved in the patient's care or payment for care; and that providers are not required to request proof of identity from family members or friends who call to ask about a patient's condition.

The patient guide further explains that providers may

choose to require the patient's written permission and may establish their own rules for verifying who is on the phone.

Both of the new guides — Patient Guide: When Health Care Providers May Communicate About You with Your Family, Friends, or Others Involved in Your Care and Provider Guide: Communicating with a Patient's Family, Friends, or Others Involved in a Patient's Care — can be accessed on the HHS Office of Civil Rights Web site at [www.hhs.gov/ocr/hipaa/privacy.html](http://www.hhs.gov/ocr/hipaa/privacy.html).

AOA members can access the provider guide on the AOA Web site HIPAA Resources Page at [www.aoa.org/x4761.xml](http://www.aoa.org/x4761.xml).

## Coding subscription service available to AOA members

The AOA recently endorsed a customized version of ReimbursementPLUS® to provide members with Internet-based access to up-to-the-minute CPT code reimbursement information.

This premium software suite also allows subscribers access to all CPT code-related information and characteristics, as well as state-of-the-art information regarding CPT code and medical record-keeping compliance. In short, the ReimbursementPLUS® Web-based tool is a one-stop resource for all the health care coding, rules and reimbursement information needed to make informed business and clinical care decisions in everyday practice.

AOA-endorsed ReimbursementPLUS® uses a Web 2.0 interactive platform for easy practice-specific customization. Optometrists can simply select their desired CPT codes, enter their contracted medical carriers and input their current fees; the ReimbursementPLUS® system does the rest.

The system's intuitive ZIP-code driven technology then compiles all CPT-related information that specifically applies to their respective practice.

System functionality and links to AOA clinical guidelines help enhance clinical care and office efficiency.

For instance, doctors can check covered diagnoses by procedure code and covered procedures by diagnosis; calculate carrier reimbursements and time testing and/or patient treatment for optimum practice management and reimbursement.

Cost of the AOA ReimbursementPLUS® suite is \$899 annually for AOA members — a substantial discount from the non-member price.

For further information or to subscribe to the service, log on to <http://AOA.ReimbursementPlus.com>.

## IRS now docking Medicare payments

Beginning this month, health care providers who owe back taxes to the U.S. Internal Revenue Service (IRS) could find their Medicare payments reduced.

The Taxpayer Relief Act of 1997, Section 1024, authorizes the IRS to reduce some federal payments, including Medicare reimbursements, to provide for the collection of overdue taxes, effective Oct. 1, 2008.

Deduction of back taxes from a Medicare payment will be reflected in remittance advice with a provider level adjustment code (PLB) of "WU" in the PLB03-1 data field. For more, see Medicare Learning Network Matters Article MM 6125, at [www.cms.hhs.gov/MLNMattersArticles/downloads/MM6125.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6125.pdf)

## AOA First Look

In a new benefit exclusively for AOA members, the AOA has teamed up with *U.S. News and World Report* to provide a daily e-mail summary of health care and ophthalmic news titled "AOA First Look." Editors from a division of *U.S. News* scan the Web and compile digest articles of news most likely to interest optometrists. AOA members and optometry students who already receive association e-publications should be receiving *AOA First Look* now. If not, check your spam-blocking settings and add [FirstLook@AOA.custombriefings.com](mailto:FirstLook@AOA.custombriefings.com) to your address book. If your network administrator or Internet service provider requests it, you can provide the sending IP address: 65.240.141.95 for whitelisting. To sign up, send an e-mail to [addresschange@aoa.org](mailto:addresschange@aoa.org).

## AOA Aviation Vision Course

San Jose, CA—November 9, 2008

[www.aoa.org/x7355.xml](http://www.aoa.org/x7355.xml)



Nothing may be more important to pilots than their vision. This six-hour course is designed to prepare optometrists to meet the basic needs of their pilot patients, whether they are involved in general, commercial, or military aviation.

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- Prescription Options for Aviation
- Color Vision in Aviation

- Night Vision in Aviation
- Spatial Disorientation
- Refractive Surgery in Aviation

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243 N. Lindbergh Blvd.  
St. Louis, MO 63141  
314-983-4244



American Optometric Association





## Coding corner: Consultations

A consultation is a type of service provided by a physician, or qualified non-physician practitioner (NPP), whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician. A physician consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visits.

The written or verbal request may be made by a physician or appropriate source and must be documented in the medical record.

The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated by written report to the requesting physician or appropriate source.

Note: Do not confuse the American Medical Association's (AMA) definition of a consultation with Medicare policy; Medicare policy includes guidance as it relates to a "transfer of care." When a transfer of care occurs, it is not a consultation, but an office visit (see Evaluation and Management codes 99201-99215).

Consultations should be reported as follows:

- ❖ Office or other outpatient consultations for new or established patient are reported using codes 99241-99245.
- ❖ Follow-up examinations initiated by the consultant are reported using office visit codes 99211-99215.
- ❖ Initial inpatient consultations for new or established

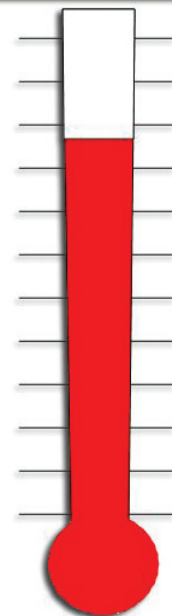
patients are reported using codes 99251-99255.

- ❖ After the initial inpatient consult, care in the hospital by the consulting physician is billed using subsequent hospital visit codes 99231-99233.
- ❖ All consultations require documentation of the three key components (history, exam and medical decision-making), which must be met and documented accordingly:
- ❖ A request from another health care professional documented in both the requesting and consultant's charts
- ❖ A reason for the consult, documented in the patient's record
- ❖ Documentation that the report of the opinion was returned to the requesting provider
- ❖ Terminology that indicates a consultation was requested, such as "Opinion," "Evaluation," "Advice," and "Consultation."

Coding Corner is a regular AOA News feature developed by the AOA Eye Care Benefits Center's Correct Coding Trends Committee to answer questions commonly posed by optometrists regarding coding and billing.

AOA members with questions on those subjects should contact Sheila C. Dwyer, manager, AOA Correct Coding Trends Committee, by e-mail at [scdwyer@aoa.org](mailto:scdwyer@aoa.org) or by telephone at 703-837-1344 or 800-365-2219, ext. 1344.

**\$2,000,000.00**



**AOA-PAC is nearing its goal, with \$1.7 million raised so far. To contribute, or learn more, visit [www.aoa.org/aoa-pac.xml](http://www.aoa.org/aoa-pac.xml).**

## Registration now live for second EHR seminar

Online registration is now open for the AOA's "Building the Paperless Practice: AOA's Electronic Health Records Seminar," Dec. 5-6, 2008, at the new Hilton Baltimore in Baltimore, Md.

Optometrists and staff can register for the conference at [www.aoa.org/paperless.xml](http://www.aoa.org/paperless.xml). The first conference sold out; ODs are urged to register early.

Presentations will cover what ODs need to know to comply with federal standards and how health information technology may affect future reimbursement.

Other presentations will cover all aspects of implementing electronic health records (EHRs) in a practice, interoperability and security issues related to EHR products, and guidance on what to consider when investing in EHR and e-prescribing products, as shared by experienced optometrists who have already adopted health information technology.

Program highlights will include:

- ❖ **Federal Update:** Col. Francis L. McVeigh (Ret.), II, O.D., M.S., senior clinical consultant, Telemedicine and Advanced Technology Research Center.
- ❖ **Implementation:** **Planning:** Scot Morris, O.D., medical director of Eye Consultants of Colorado and founder and senior technology consultant for Ocular Technology Solutions, Inc., the industry leader in technology consulting services.
- ❖ **EHR System Selection, Product Analysis:** Kelly Kerssick, O.D., director of professional services for Vision Source.
- ❖ **Selection: Hardware and Other Considerations:** Kim A. Castleberry, O.D., consultant, speaker and researcher for numerous equipment, contact lens, pharmaceutical, insurance and software companies. He serves on the medical review staff for Medicare and has performed hundreds of Medicare audits.
- ❖ **Implementation:** **Integration/Managing the**



### Personality of Change:

Philip J. Gross, O.D., who has helped many sizes and types of practices make the move to computerization. Dr. Gross has firsthand experience with many of the current optometric software choices. A member of the AOA Health Information Technology & Telemedicine Committee, he lectures on computer hardware, software, and new technologies relating to optometry and ophthalmology practices.

❖ **E-prescribing:** Dr. McVeigh

❖ **Implementation: The Human Element:** Dr. Morris. There will also be a panel discussion on "Going Electronic:

Our Experiences" moderated by Kirk L. Smick, O.D., chief of primary care services at the Clayton Eye Center in Atlanta, a full-service eye care facility with 10 ophthalmology and optometric providers. Dr. Smick is the chair of the AOA's Continuing Education Committee.

Vistakon®, Division of Johnson & Johnson Vision Care, Inc. has generously agreed to provide a grant to be a Global Sponsor of the AOA's Electronic Health Records seminars. Vistakon's support helps the AOA continue to address the practice management needs and help streamline the effi-

ciency of optometric practices' EHR technology and ultimately help practitioners provide better patient care.

Panel sponsors of the program are:

- ❖ Compulink
- ❖ EMRlogic Systems, Inc.,
- ❖ EyeCodeRight Online,
- ❖ First Insight Corporation,
- ❖ OfficeMate Software Solutions, Inc.

A mini-exhibit hall will allow optometrists and office staff to talk with vendors about their specific needs.

The above panel sponsors, Compulink, EMRlogic Systems, EyeCodeRight Online, First Insight Corporation and OfficeMate Software Solutions, will be featured in the seminar's exhibit hall.

Additional exhibit hall sponsors include: Carl Zeiss Meditec, Marco, QM Systems, LLC, Topcon Medical Systems, Inc., and VersaSuite – Integrated Healthcare Solutions

Another EHR conference will be held Feb. 20-21, 2009, in San Francisco.



# Regulatory compliance

## Medicare providers must report changes in practices

**H**ealth care practitioners who are enrolled as Medicare providers must promptly inform their Medicare payment contractors if they move their offices, take on a partner, rename the practice, change banks, or make any other revisions that could render inaccurate the provider information they have on file with the government health plan.

Failure to keep provider records current can affect Medicare's ability to process claims quickly and accurately, the U.S. Centers for Medicare & Medicaid Services (CMS) emphasized in a new series of fact sheets last month.

"Once enrolled in the Medicare program, all physicians are responsible for maintaining (the accuracy of their Medicare provider records) and reporting any changes in their enrollment information to their designated Medicare (payment) contractor," the fact sheets note.

"By reporting changes as soon as possible, but not later than 90 days after the reportable event, physicians will help to ensure that their claims are processed correctly."

Health care providers can update any information in their Medicare enrollment information using the same Medicare Enrollment Application - Physicians and Non-Physician Practitioners form (CMS-855I) they used to enroll as Medicare providers. The form can be downloaded at [www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf).

According to the CMS, Medicare provider enrollment information that practitioners are required to keep current includes:

❖ **Business structure** – For example, a health care provider must notify Medicare if a practice is changed from a sole proprietorship to an incorporated practice, or vice versa (even if no change in the actual own-

ership of the practice is involved).

❖ **Legal business name/tax identification number**

– Medicare must be notified if a practice changes the name under which it does business or, for any reason, obtains a new Internal Revenue Service tax identification number (TIN).

❖ **Practice location**

– Medicare must be informed if a practitioner establishes a new practice location, moves an existing practice location, closes a practice location, or changes any portion of the

draw reassignment of benefits. Changes regarding reassignment of benefits must be reported using the CMS's Medicare Enrollment Application - Reassignment of Medicare Benefits form (CMS-855R), which can be downloaded at [www.cms.hhs.gov/cmsforms/downloads/cms855r.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms855r.pdf).

❖ **Banking arrangements or payment information**

– Health care practitioners must notify Medicare payment contractors should they change banks, their bank accounts, or make any other

tice, and any adverse legal actions.

The practice must notify Medicare payment contractors of any changes in its banking arrangements or payment information.

It must notify payment contractors if it adds or withdraws a physician's assignment of payment.

However, group practices are also subject to some additional requirements, the CMS emphasized. Medicare payment contractors must be notified of any changes in the group's authorized or delegat-

Group practices should use the Medicare Enrollment Application - Clinics/Group Practices and Certain Other Suppliers form (CMS-855B) to report changes in business name, tax number, location, or officers as well as legal actions. The form can be downloaded at [www.cms.hhs.gov/CMSforms/downloads/cms855b.pdf](http://www.cms.hhs.gov/CMSforms/downloads/cms855b.pdf).

Like individual practitioners, group practices can use the CMS-588 form to report changes in banking and payment information and the CMS-855R form to report changes in reassignment of benefits.

Practitioners who have not filed a CMS-855I form (either to enroll in Medicare or update practice information) since 2003 must file the form as if it were an initial enrollment request, populating all of the fields on the form with the required information. The same is true for group practices that have not filed a CMS-588B since 2003.

Any health care practitioner who has a question about the reporting of a change should contact the appropriate Medicare contractor before submitting a CMS-855 form.

Additional information regarding the Medicare enrollment process, tips to facilitate the Medicare enrollment process, and the mailing addresses for Medicare payment contractors can be found on the CMS Web site Medicare Provider Supplier Enrollment page ([www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll)).

*"Once enrolled in the Medicare program, all physicians are responsible for maintaining (the accuracy of their Medicare provider records) and reporting any changes in their enrollment information to their designated Medicare (payment) contractor."*

address of an existing practice location or any address to which Medicare payment contractors may send information.

❖ **Practice status** – Health care providers must notify Medicare if they retire from practice or decide to voluntarily withdraw from the Medicare program.

❖ **Adverse legal actions** – Health care providers must inform applicable Medicare payment contractors in the event of debarment or exclusion from any other federal program, suspension or revocation of licensure by a state regulatory agency, conviction of a felony (within the last 10 years), or revocation of Medicare billing privileges by any other Medicare payment contractor.

In addition, Medicare should also be notified of any changes regarding:

❖ **Reassignment of**

**Benefits** – Health care practitioners must notify Medicare payment contractors should they reassign their Medicare reimbursement, as is commonly done in group practices, or they elect to with-

draw assignment of benefits. Changes regarding reassignment of benefits must be reported using the CMS's Medicare Enrollment Application - Reassignment of Medicare Benefits form (CMS-855R), which can be downloaded at [www.cms.hhs.gov/cmsforms/downloads/cms855r.pdf](http://www.cms.hhs.gov/cmsforms/downloads/cms855r.pdf).

The CMS emphasizes that such changes should be reported immediately to all appropriate Medicare payment contractors. When electronic fund transfer is used to receive Medicare payment, the practitioner should update that information using the CMS Electronic Funds Transfer (EFT) Agreement Authorization form (CMS-588), which can be downloaded at [www.cms.hhs.gov/CMSForms/downloads/cms588.pdf](http://www.cms.hhs.gov/CMSForms/downloads/cms588.pdf).

### Group practices

Physician group practices that are enrolled as Medicare providers are subject to the same reporting requirements as individual practitioners, the CMS notes.

Like an individual practitioner, a group practice must report to Medicare payment contractors any changes in the business name or tax identification number used by the practice, changes in the location(s) of the prac-

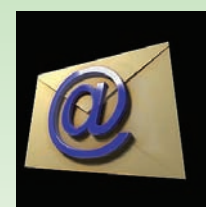
ed officials.

They must also be notified of any changes in the ownership or control of the managing interest of the practice. That means payment contractors must be notified any time a partner joins or leaves the practice.

An ownership change is defined as the sale of more than 5 percent of the practice by the present owners. Changes in practice ownership or control must be reported within 30 days.

The CMS also encourages all physician group practices to report the death of any physician(s) working in the practice to applicable Medicare payment contractors.

Send letters to:  
Editor, AOA News  
243 N. Lindbergh Blvd.,  
St. Louis MO 63141  
[RAFoster@aoa.org](mailto:RAFoster@aoa.org)



AOA News reserves the right to edit letters submitted for publication.





Advanced Medical Optics

Alcon

Allergan

Bausch & Lomb

CIBA Vision Corporation

CooperVision

Essilor of America

Eyemaginations

HOYA Vision Care

Johnson & Johnson Vision Care, Inc

Kemin Health

Liberty Sport

Luxottica Group

Marchon Eyewear

Optos

TLC Vision Corporation

Transitions Optical

VSP Vision Care

VisionWeb

## Industry Profile: TLC Vision

TLCVision is in partnership with thousands of eye care professionals in North America to serve patients and improve vision.

Through these relationships, TLCVision maintains leading positions in the Refractive, Cataract and Optometric Services markets.

TLCVision's success is founded on its affiliated network of eye doctors, proven consumer education and marketing programs, and continued access to state-of-the-art clinical technologies.

Every day, TLCVision takes its role in improving vision very seriously. It is at the forefront of eye care technology and uses outcomes results to provide excellent care with a continued focus on quality improvement and patient safety.

Early in 1994, the first TLC Laser Eye Centers® facility, a division of TLCVision, opened in Windsor, Ontario, Canada.

Now, with almost 80 centers, TLC Laser Eye Centers (TLC) is North America's largest provider of laser vision correction services with more than 1 million procedures performed.

TLC was founded on the philosophy of working with the most experienced eye doctors and maintains its strong commitment to the co-management model with affiliate optometrists.

A wide range of services is available to TLC Affiliate Optometrists, including continuing education programs, patient retention and practice growth activities, and the most up-to-date clinical and consultative information.

Through Vision Source,<sup>SM</sup> TLCVision manages a network for independent optometric practices.

The network offers competitive purchasing power, as well as management and marketing services.

Thousands of doctors in more than 1,800 practices across the United States are part of Vision Source.

The Sightpath Medical<sup>SM</sup> subsidiary is the largest provider of access cataract, glaucoma, and refractive surgical services in North America.

Sightpath provides doctors and rural hospitals with cataract, YAG lasers, and refractive surgery equipment and technical assistance and support.

Sightpath is also the exclusive U.S. distributor of the Foresee Preferential Hyperacuity Perimeter (Foresee PHP™) device for the critical monitoring of age-related macular degeneration (AMD).

TLCVision is proud to partner with the thousands of AOA members who are TLC affiliate doctors.

TLC welcomes the opportunity to express its continued support of the optometric profession by being an active participant of the AOA Ophthalmic Council and supporter of numerous regional optometric meetings across the country.

**Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.**



**From left, Dave Cole, managing director of the Americas, Australia and New Zealand, Transitions Optical; Matt Killen, professional golf instructor and swing coach; Gerald Goodman, tournament director, The Copperheads; and Brett Craig, president, Transitions Optical, announce the launch of the "Improve Your Vision, Improve Your Game" consumer education program as part of the partnership between Transitions Optical and the PGA Tour.**

## Transitions lenses named official lenses of PGA Tour

**T**ransitions Optical, Inc. and the PGA Tour announced a global four-year official marketing partnership designating Transitions lenses as the official eyewear of the PGA Tour, Champions Tour and Nationwide Tour.

As part of the announcement, Transitions Optical introduced a broad-reaching consumer education program, "Improve Your Vision, Improve Your Game," complete with tips and tools that link healthy, quality sight to athletic performance.

Optometrists can leverage the "Improve Your Vision, Improve Your Game" materials and program in their own patient marketing and education efforts.

To sign up to receive the latest information about the program and the Transitions Championship For Healthy Sight, visit

[www.Transitions.com/golf](http://www.Transitions.com/golf).

"Varying light and playing conditions combined with ongoing exposure to ultraviolet radiation without proper eye care and eyewear may compromise everyday performance and visual ability," said Lawrence D. Lampert,

O.D., sports vision specialist and trainer. "Photochromic lenses, such as Transitions lenses, are the ideal everyday lens choice for golfers, as well as those avid golf fans who want to achieve and enjoy healthy sight on and off the course."

"Improve Your Vision, Improve Your Game" will be introduced to consumers later this year through retailers, independent eye care professionals and an interactive experience.

Point-of-sale materials, educational tools, and a Web site featuring a downloadable widget will offer healthy sight and golf tips to enhance vision and improve performance.

Consumers can also enter to win a weekend getaway for two at Innisbrook Resort and Golf Club in Palm Harbor, Fla.

As the official eyewear of the PGA Tour, Champions Tour and Nationwide Tour, Transitions Optical will sponsor the Transitions Championship for Healthy Sight, which tees off March 16-22, 2009, at the Innisbrook Resort and Golf Club.





## J&J survey shows monthly CL wearers report reduced comfort

**M**onthly replacement contact lens wearers notice a decline in lens performance in weeks three and four of wear, according to a new survey sponsored by Johnson & Johnson Vision Care.

Findings from the research among monthly lens wearers in France, in which 20 different brands of lenses were represented, show a decrease in wearing comfort over the course of a month, with no significant differences between wearers of hydrogel and silicone hydrogel monthly replacement lenses.

About seven in 10 monthly silicone hydrogel (71 percent) and hydrogel (68 percent) wearers reported a decrease in wearing comfort as the month progressed.

Asked which week of the month in general they start to notice their lenses becoming more uncomfortable, 95 percent said they become aware of discomfort in weeks three and four.

Monthly silicone hydrogel wearers who experienced

discomfort tended to notice it earlier in the lens cycle than hydrogel wearers.

"The key to success with any patient centers around selecting the appropriate lens, replacement frequency and wearing modality that best fits his/her lifestyle needs," advises Sheila Hickson-Curran, director, Medical Affairs, Vistakon®, Division of Johnson & Johnson Vision Care, Inc. "This study suggests that eye care practitioners should consider questioning their monthly replacement contact lens wearers specifically on whether comfort performance meets their needs in the third and fourth weeks of wear."

The survey also queried lens wearers about their perceptions of the eye care professional's role in communicating the benefits of contact lens innovations.

More than eight out of 10 (81 percent) say they expect their eye doctor to recommend an upgrade on comfort grounds, and three quarters said they would consider seeing their eye doctor more

often if he or she would proactively propose lenses that would give them better comfort.

Having their practitioner show them the latest contact lens innovations that enhance comfort also drives patient satisfaction.

Around nine of 10 (91 percent) wearers say they are more satisfied when their doctor shows them lenses that are better for their ocular health and offer more comfort.

For more information, visit Johnson & Johnson Vision Care's new professional Web site, [www.jnjvisioncare.com](http://www.jnjvisioncare.com).

### TVCI visits Beijing to help athletes

As part of its support for the Beijing 2008 Olympic Games, The Vision Care Institute™, LLC, a Johnson & Johnson company, and its sister facility in China provided vision care services and contact lenses to athletes, coaches and staff during the Beijing 2008 Olympic Games and Paralympics Games at the Olympic Village Polyclinic, the on-site health center in the



**An Olympic athlete uses the Bassin Anticipation Timer at the Olympic Village Polyclinic during the Beijing 2008 Olympic Games. The vision assessment is part of the AchieveVision™ Program from The Vision Care Institute™, a Johnson & Johnson company.**

Olympic Village.

Thousands of athletes, coaches and staff visited the Polyclinic during the Olympic Games.

In addition to receiving vision care at the Polyclinic, every athlete was able to learn more about vision and eye health through educational videos available to them when they passed through the Polyclinic.

The videos, which were developed by Eyemaginations, Inc., were available in 10 languages so every visitor could learn about the eye care informa-

tion presented in the videos, such as the importance of routine eye care, the need to protect the eyes from ultraviolet light, and the proper care and benefits of wearing contact lenses.

The state-of-the-art AchieveVision™ Program was also available to athletes at the Polyclinic.

The AchieveVision Program is a customized visual skills assessment and optimizing program designed to help get an athlete's vision in peak condition for his or her specific sport and lifestyle.



**Versus released its new eyewear collection with frames ranging from invisible to distinctively eye-catching. Shown above is style VR 8071. Below is VR 8073. For more information, visit [www.luxottica.com](http://www.luxottica.com).**



## Daniel Swarovski eyewear featured at New York Fashion Week

**One distinct presence at New York Fashion Week was the Daniel Swarovski crystal eyewear collection.**

The sparkly sunglass collection was sought after by designers, stylists and even a Spice Girl.

This year, American designer Pamella Devos of Pamella Roland and designer Farah Angsana were selected to showcase the latest eyewear with their new fashions.

Shown is Melanie Brown (formerly known as Scary Spice) who wore Daniel Swarovski sunglasses in the front row for photos and interviews.

For more information, visit [www.daniel-swarovski.com](http://www.daniel-swarovski.com).







## MEETINGS

### October

COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT 38TH ANNUAL MEETING  
Optometric Extension Program Foundation  
October 14-18, 2008  
Rancho Las Palmas, Palm Springs, Calif., [www.covd.org](http://www.covd.org)

MICHIGAN OPTOMETRIC ASSOCIATION, October 15-16, Lansing Center, Lansing, [www.themoa.org](http://www.themoa.org)  
517/482-0616

WEB 8: Understanding the LV Exam of the Adult October 16, 2008 (viewable on demand for 6 months)  
800/829-0500  
[www.lighthouse.org](http://www.lighthouse.org)

NORTH DAKOTA OPTOMETRIC ASSOCIATION  
105TH ANNUAL CONGRESS  
October 16-18, 2008  
Doblewood Inn, Bismarck, ND  
701/258-6766  
FAX: 701/258-9005  
[ndoa@btinet.net](mailto:ndoa@btinet.net)  
[www.ndeyecare.info](http://www.ndeyecare.info)

GREAT WESTERN COUNCIL OF OPTOMETRY CONGRESS 2008  
October 16-19, 2008  
Oregon Convention Center & Doubletree-Lloyd Center  
Portland, OR 406/443-1160  
[www.gwco.org](http://www.gwco.org)  
[mwangen@rmsmanagement.com](mailto:mwangen@rmsmanagement.com)

ARKANSAS OPTOMETRIC ASSOCIATION FALL CONVENTION October 17-19, Chateau on the Lake, Branson, MO  
Vicki Farmer 501/551-7675  
FAX: 501/372-0233  
[www.arkansasoptometric.org](http://www.arkansasoptometric.org)

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY DIABETES SYMPOSIUM October 18-19, Fort Lauderdale, Florida  
N. Scott Gorman, O.D., 954/262-1462  
[scottg@nsu.nova.edu](mailto:scottg@nsu.nova.edu)  
<http://optometry.nova.edu/ce>

SUNY-COLLEGE OF OPTOMETRY 7TH ANNUAL ENVISION NEW YORK October 18-20, 2008  
Grand Hyatt, New York  
Matthew Platarote 212/938-5830  
FAX: 212/938-5831  
[mplatarote@sunyopt.edu](mailto:mplatarote@sunyopt.edu)  
[www.sunyopt.edu](http://www.sunyopt.edu)

INTERNATIONAL LIGHT ASSOCIATION  
5TH ANNUAL CONFERENCE  
October 20-24, 2008  
Heidelberg, Germany  
Dr. Jennifer Breiling  
800/814-3369  
[www.international-light-association.org](http://www.international-light-association.org)

AMERICAN ACADEMY OF OPTOMETRY  
Academy 2008 Anaheim  
October 22-25, 2008  
Anaheim Convention Center, Anaheim Marriott Hotel, Anaheim Hilton Hotel  
Anaheim, California  
[www.aaopt.org](http://www.aaopt.org)

NEBRASKA OPTOMETRIC ASSOCIATION  
FALL CONVENTION  
October 24-26, 2008  
Holiday Inn & Convention Center, Kearney, Nebraska  
Joni Kral 402/474-7716  
[noa@assocoffice.net](mailto:noa@assocoffice.net)  
[www.noaonline.org](http://www.noaonline.org)

FELLOWSHIP OF CHRISTIAN OPTOMETRISTS, INTL. EDUCATIONAL CONFERENCE  
October 31-November 2, 2008  
Brown County State Park, Nashville, Indiana  
Michael Goen, O.D.  
850/471-7674  
[foreknown@aol.com](mailto:foreknown@aol.com)  
[www.fcoint.org/conference.html](http://www.fcoint.org/conference.html)

### November

CONNECTICUT ASSOCIATION OF OPTOMETRISTS  
2008 ANNUAL EDUCATIONAL CONFERENCE  
November 2 & 3, 2008  
Mystic Marriott Hotel & Spa  
Groton, CT  
860/529-1900  
[info@cteyes.org](mailto:info@cteyes.org)  
[www.cteyes.org](http://www.cteyes.org)

HAWAII OPTOMETRIC ASSOCIATION  
PACIFIC RIM OPTOMETRIC CONFERENCE  
November 2-5, 2008  
Grand Wailea Kihei, Hawaii  
Charlotte Nekota 808/537-5678  
[hoaopt@earthlink.net](mailto:hoaopt@earthlink.net)

ART & SCIENCE OF OPTOMETRIC CARE (OEP CLINICAL CURRICULUM) Optometric Extension Program Foundation  
November 6-10, 2008  
Grand Rapids, MI  
Theresa Krejci  
800/447-0370  
[TheresaKrejciOEP@verizon.net](mailto:TheresaKrejciOEP@verizon.net)  
[www.oep.org](http://www.oep.org)

WISCONSIN OPTOMETRIC ASSOCIATION 2008 PRIMARY CARE SYMPOSIUM  
November 7-8, 2008  
Kalahari Resort & Waterpark  
Wisconsin Dells, WI  
Joleen Breunig  
800/678-5357  
[joleenwoaoffice@tds.net](mailto:joleenwoaoffice@tds.net)  
[www.woa-eyes.org](http://www.woa-eyes.org)

NORTH CAROLINA STATE OPTOMETRIC SOCIETY  
FALL EDUCATION CONGRESS  
VISION EXPOSITION  
November 7-9, 2008  
Asheville, NC, Sue Gardner  
[NCEYECARE@aol.com](mailto:NCEYECARE@aol.com)

MASSACHUSETTS SOCIETY OF OPTOMETRISTS CE  
November 9, 2008  
Best Western Royal Plaza Hotel, Marlborough, Massachusetts  
Richard Lawless 508/875-7900  
FAX: 508/875-0010  
[www.massoptom.org/events/eventView.asp?EventID=23](http://www.massoptom.org/events/eventView.asp?EventID=23)

VT /VISUAL DYSFUNCTIONS (OEP CLINICAL CURRICULUM)  
Optometric Extension Program Foundation  
November 12-16, 2008  
Phoenix, AZ Theresa Krejci  
800/447-0370  
[TheresaKrejciOEP@verizon.net](mailto:TheresaKrejciOEP@verizon.net)  
[www.oep.org](http://www.oep.org)

WEST VIRGINIA OPTOMETRIC ASSOCIATION ANNUAL CONGRESS  
November 13-16, 2008  
Charleston Town Center Marriott, Charleston, West Virginia  
866/205-5897 [exec@wvoa.com](mailto:exec@wvoa.com)  
[www.wvoa.com](http://www.wvoa.com)

ARIZONA OPTOMETRIC ASSOCIATION  
2008 FALL CONGRESS  
November 14-16, 2008  
Hilton Sedona Resort and Spa, Sedona, Arizona  
Jennifer Parker 602/279-0055 800/346-2020  
FAX: 602/264-6356  
[Jennifer@azoa.org](mailto:Jennifer@azoa.org)  
[www.azoa.org](http://www.azoa.org)

CALIFORNIA OPTOMETRIC ASSOCIATION  
MONTEREY SYMPOSIUM  
November 14-16, 2008  
Monterey Convention Center, Monterey, California  
Tamalon Littlefield  
916/441-3990, ext. 228  
[tlittlefield@coavision.org](mailto:tlittlefield@coavision.org)  
[www.montereysymposium.com](http://www.montereysymposium.com)

PRIMARY EYE INSTITUTE FOR VISIONARY CLINICIANS  
BUILDING A MEDICAL MODEL IN DRY EYE DISEASE  
Las Vegas, NV November 15, Tracy Abel 866/379-6235  
[www.peivc.com](http://www.peivc.com)

TEXAS OPTOMETRIC ASSOCIATION  
2008 EYECON  
November 15-16, 2008  
The Radisson Dallas Love Field  
Dallas, TX  
Jennifer Martinez Bell  
512/707-2020  
[TOAJennifer@austin.rr.com](mailto:TOAJennifer@austin.rr.com)

FLORIDA OPTOMETRIC ASSOCIATION, IN CONJUNCTION WITH NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY  
2008 FLORIDA EYE SYMPOSIUM  
November 22-23, 2008  
Quorum Hotel Tampa, Tampa, Florida  
Kellie Webb  
800/399-2334  
[kellie@floridaeyes.org](mailto:kellie@floridaeyes.org)  
[www.floridaeyes.org](http://www.floridaeyes.org)

PENNSYLVANIA OPTOMETRIC ASSOCIATION  
GLAUCOMA UPDATE 2008  
November 23, 2008  
Hershey Lodge, Hershey, PA  
Ilene K. Sauertieg  
717/233-6455  
[www.poaeyes.org](http://www.poaeyes.org)

### December

WEB 10: The Impact of Vision Loss on Development  
December 3, 2008 (viewable on demand for 6 months [registration required])  
800/829-0500  
[www.lighthouse.org](http://www.lighthouse.org)

51ST ANNUAL MEETING  
SOUTH CAROLINA OPTOMETRIC ASSOCIATION  
December 4-7, 2008  
Marriott Resort and Spa, Hilton Head Island, South Carolina  
803/799-6721  
[www.sceyecare.org](http://www.sceyecare.org)

AOA'S "BUILDING THE PAPERLESS PRACTICE" ELECTRONIC HEALTH RECORDS (EHR) SEMINAR.  
Dec. 5-6 in Baltimore, Md., [www.aoa.org](http://www.aoa.org).

VT/STRABISMUS & AMBLYOPIA (OEP CLINICAL CURRICULUM)  
Optometric Extension Program Foundation  
December 4-7, 2008  
Phoenix, Ariz. Theresa Krejci  
800/447-0370  
[TheresaKrejciOEP@verizon.net](mailto:TheresaKrejciOEP@verizon.net)  
[www.oep.org](http://www.oep.org)

DECEMBER "ANNUAL" CONFERENCE  
MAINE OPTOMETRIC ASSOCIATION, INC.  
December 5-7, 2008  
Hilton Garden Inn, Freeport, Maine  
207/626-9920  
[moa.office@maineeyedoctors.com](mailto:moa.office@maineeyedoctors.com)  
[www.maineeyedoctors.com](http://www.maineeyedoctors.com)

PRIMARY EYE INSTITUTE FOR VISIONARY CLINICIANS:  
BUILDING A MEDICAL MODEL IN DRY EYE DISEASE  
Tampa, Fla. December 6, 2008  
Tracy Abel 866/379-6235  
[www.peivc.com](http://www.peivc.com)

### January

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY  
2009 GLAUCOMA SYMPOSIUM  
January 10, 2009  
Willows Lodge, Woodinville, Wash.  
Martina Fredericks 503/352-2207  
[frederim@pacificu.edu](mailto:frederim@pacificu.edu)  
[www.pacificu.edu/optometry](http://www.pacificu.edu/optometry)

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY 20TH ANNUAL BERKELEY PRACTICUM  
January 10-12, 2009  
DoubleTree Hotel, Berkeley Marina, Berkeley, Calif. Nyla Marnay  
510/642-6547  
FAX: 510/642-0279  
[optoce@berkeley.edu](mailto:optoce@berkeley.edu)  
<http://optometry.berkeley.edu>

ULTIMATE PRACTICE MANAGEMENT  
The Ultimate Practice Management Conference V: Go for the Gold!  
January 16-18, 2009  
The Hollywood Beach Marriott, Hollywood, Florida  
Don Teig, O.D., F.A.A.O.  
203/438-5855  
[Doc7ct@snet.net](mailto:Doc7ct@snet.net)  
[www.ultimateeventsllc.com](http://www.ultimateeventsllc.com)

ARIZONA OPTOMETRIC ASSOCIATION AZOA 34TH ANNUAL INVITATIONAL BRONSTEIN CONTACT LENS SEMINAR  
January 22-25, 2009  
Chaparral Suites Resorts, Scottsdale, Jennifer Parker 602/279-0055  
800/346-2020  
FAX: 602/264-6356  
[Jennifer@azoa.org](mailto:Jennifer@azoa.org)

OPTOMETRIC EXTENSION PROGRAM FOUNDATION AND THE INSTITUTE FOR BEHAVIORAL OPTOMETRY 54TH ANNUAL KRASKIN INVITATIONAL SKEFFINGTON SYMPOSIUM ON VISION (KISS)  
January 24-26, 2009  
Hyatt Regency Bethesda, Bethesda, Md., Dr. Jeffrey Kraskin  
202/363-4450 [jlkraskin@rcn.com](mailto:jlkraskin@rcn.com)  
[www.skeffingtonsymposium.org](http://www.skeffingtonsymposium.org)

TROPICAL CE PLAYA DEL CARMEN  
January 24-31, 2009  
El Dorado Royale, Playa Del Carmen  
Stuart Autry 281/808-5763  
John Ogden 281/900-8493  
[www.TropicalCE.com](http://www.TropicalCE.com)

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY 2009 ISLAND EYES CONFERENCE  
January 25-31, 2009  
Kauai Marriott Beach Resort, Kauai, Jeanne Oliver  
503/352-2740  
[Jeanne@pacificu.edu](mailto:Jeanne@pacificu.edu)  
[www.pacificu.edu/optometry](http://www.pacificu.edu/optometry)

### February

MINNESOTA OPTOMETRIC ASSOCIATION ANNUAL MEETING  
February 5-7, 2009  
Hyatt Regency Minneapolis, Jessica E. Miller 952/841-1122  
FAX: 952/921-5801  
[Jessica@mneyedocs.org](mailto:Jessica@mneyedocs.org)  
[www.minnesotaoptometrists.org](http://www.minnesotaoptometrists.org)

DELAWARE OPTOMETRIC ASSOCIATION WINTER THAW CONTINUING EDUCATION  
February 7, 2009  
Embassy Suites, Newark, NJ  
Troy Raber, O.D., 302/537-0234  
[www.deoa.org](http://www.deoa.org)

**To submit an item  
for the meetings calendar,  
send a note to  
[eventcalendar@aoa.org](mailto:eventcalendar@aoa.org)**





## SHOWCASE



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### OPTOMETRY

Geisinger Health System seeks a licensed optometrist to join its growing practice at Geisinger Wyoming Valley Medical Center, Wilkes-Barre, PA.

**About this position:**

- Residency training in ocular disease preferred
- Work with an ophthalmologist and a support team of nurses and techs within Geisinger's large, multi-specialty Ophthalmology service line
- Assist with inpatient consults, with the primary responsibility of covering hospital consults
- Opportunity to work with collegial staff and create new programs
- Growing department now features Pachymetry, OCT, Fundus Photography, HVF and offers Fluorescein Angiography, with in-house eyewear/contact lens department

For more information, please contact Autum Kline, Physician Recruiter, at 1-800-845-7112, email: [aumkline@geisinger.edu](mailto:aumkline@geisinger.edu) or visit [www.Join-Geisinger.org/589/Optometry](http://www.Join-Geisinger.org/589/Optometry)

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Pennsylvania  
College of Optometry

**SALUS UNIVERSITY**

## Residency Programs

### The Eye Institute Programs

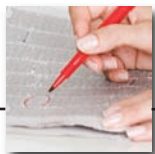
- Primary Eye Care
- Pediatric Optometry/Vision Therapy
- Low Vision Rehabilitation
- Cornea and Contact Lenses

### Affiliated Residency Programs

- At Veterans Administrations Medical Centers
- In Ocular Disease and/or Refractive Eyecare

For more information, see our web site, [www.salus.edu](http://www.salus.edu), or call **215-276-6180**. Application deadline is February 1st.





## SHOWCASE

### MIDWESTERN UNIVERSITY • ARIZONA COLLEGE OF OPTOMETRY

#### New Position Announcement

Midwestern University provides undergraduate, graduate, and post graduate education in the health sciences on its campuses in Downers Grove, Illinois and Glendale, Arizona. The University excels by providing an interdisciplinary learning environment for students in a variety of health care disciplines, including osteopathic medicine, pharmacy, dentistry, podiatry, occupational therapy, physician assistants and other health science professions. With the founding of its newest college, the Arizona College of Optometry anticipates admitting its inaugural Doctor of Optometry class in September 2009.



The Glendale, Arizona Campus, located 15 miles northwest of downtown Phoenix, is 145 acres with state of the art facilities in a peaceful setting.

#### Position Title: Assistant/Associate Dean for Academic Affairs

##### Responsibilities:

This position reports to the Dean of the College. The selected candidate must provide leadership in the development of the academic program including curriculum development and implementation; recruitment, supervision and retention of faculty; coordination of selected college academic committees; creation of class schedules in coordination with the Assistant/ Associate Dean for Clinical Education; promotion of the college's research programs; and direction of the academic assessment process. The candidate must have the credentials to qualify for a faculty appointment at the college.

##### Qualifications:

The candidate must possess a Doctor of Optometry degree from an ACOE accredited institution with an MS or PhD in Vision Science or a related field. The candidate must demonstrate excellent leadership and communication skills. A minimum of four years of higher education administrative experience is highly desirable.

##### Salary:

Salary will be commensurate with qualifications and experience.

##### Application:

Review of applications will begin October 1st, 2008 and continue until the position is filled. The candidate must submit a letter of application outlining interest in the position, curriculum vitae, and the names and contact information of at least three professional references. The materials may be submitted in paper or electronically to:

Héctor C. Santiago, OD, PhD, FAAO  
Dean, Midwestern University  
Arizona College of Optometry  
19555 N. 59th Avenue  
Glendale, Arizona 85308  
By email: [hsanti@midwestern.edu](mailto:hsanti@midwestern.edu)

*Midwestern University is an Equal Opportunity / Affirmative Action employer.*

#### SOUTHERN COLLEGE OF OPTOMETRY



### Clinical Chief of Service, Visual Function & Rehabilitation

Southern College of Optometry is searching for a highly qualified individual to apply for this full-time position which is available immediately. The Clinical Chief of Service, Visual Function & Rehabilitation (VFRS), is responsible for student education and standard of patient of care provided in this service area at The Eye Center at SCO. The Chief of Service assists the Chief of Staff and Director of Clinical Operations in clinic operations and reports to the Chief of Staff.

The first Chief of VFRS will have the unique responsibility of implementing the combining of the Vision Therapy Service and Low Vision/ Rehabilitation Services into a new center of excellence in the areas of Visual Function and Visual Rehabilitation. This new service area will serve all ages of individuals in need of therapeutic, rehabilitative and/ or functional enhancement of the visual system. The Chief will oversee all operational aspects of the program, including faculty recruitment, conducting meetings, and setting operational goals.

The successful candidate should demonstrate a pattern of clinical accomplishment in this field as well as proven leadership in clinical optometry. The successful candidate should express a vision for developing this new service area at The Eye Center. Individuals should possess ability to maintain the standard of excellence for which SCO is noted. An OD degree is required, with additional advanced degrees preferred.

This position offers the opportunity to contribute to optometric education while providing clinical excellence and leadership in the formation of this new program. The Search Committee will review all applications and initiate the interview process in fall 2008 or as soon as possible.

Applications, four letters of reference, curriculum vitae and any supportive materials should be submitted to:

**Richard W. Phillips, OD**  
President

**Southern College of Optometry**  
1245 Madison Avenue, Memphis, TN 38104-2222  
[rphillips@sco.edu](mailto:rphillips@sco.edu)

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### American Optometric Association **NEWS**

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## SHOWCASE

### SOUTHERN COLLEGE OF OPTOMETRY



#### Director for Clinical Programs

Southern College of Optometry is searching for a highly qualified individual to apply for this full-time position. The Director for Clinical Programs is the chief administrator of The Eye Center at SCO and is responsible for its overall management including patient care, quality assurance, finance, and marketing. The Director is also responsible for implementing the clinical component of the optometric curriculum. The Director works in concert with the Vice President for Academic Affairs regarding the scheduling of the didactic and clinical programs and in the assignment of faculty responsibilities. The Director will also hold an academic appointment and faculty rank.

The successful candidate must have a record of significant clinical achievement, proven leadership in providing health care services, and demonstrate a successful pattern of providing financial management. The successful candidate should be a visionary, capable of leading an outstanding clinical program to meet the challenges of the future practice of optometry. Individuals must possess the capability to incorporate change into curriculum as needed, while maintaining the standard of excellence in clinical education for which the college is noted. An OD degree is required, with additional advanced degrees preferred. The Director for Clinical Programs reports directly to the President of the College.

Southern College of Optometry has a long established reputation for excellence in clinical practice, and attracts outstanding students from throughout the country. This is an outstanding opportunity to help lead a prestigious institution in its effort to prepare men and women for highly successful practices in the art and science of optometry. The Search Committee will review all applications and initiate the interview process in fall 2008. Applications, four letters of reference, curriculum vitae and any supportive materials should be submitted to:

**Richard W. Phillips, OD**  
President

**Southern College of Optometry**  
1245 Madison Avenue, Memphis, TN 38104-2222  
rphillips@sco.edu

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The School of Optometry is proud to offer our second *CE on the Sea*! Following the tremendous success of the 2007 CE on the Sea, we are again going ship-board to the Caribbean. As an additional continuing education programme for 2009, we are offering a week long cruise combined with 12 hours of COPE APPROVED therapeutics CE.

Join us on the Princess Cruises newest ship, the *Ruby Princess* from **January 3<sup>rd</sup> – 10<sup>th</sup> 2009**. Your week of sun, relaxation and learning will start at Fort Lauderdale and sail the Caribbean to ports in Jamaica, the Cayman Islands, Mexico and the Bahamas before returning to Fort Lauderdale.



**Come sail with us** if you already have your TPA Certification and are in need of a booster or if you just want to reinvigorate your TPA knowledge! This timely TPA Course will cover new diagnostic pearls and treatment strategies in the management of our patients in the TPA age. Lectures will not only keep you on the cutting edge of the emerging evidence-based information on TPAs but will also reacquaint you with contemporary practice standards in TPAs and offer clinical pearls of wisdom for use in daily patient care.

Contact information: Elizabeth Reidt, Professional Services Coordinator, School of Optometry, University of Waterloo, Waterloo ON N2L 3G1. Tel: 519-888-4567 ext. 33177, Fax: 519-725-0784, ejreidt@uwaterloo.ca.

<http://www.optometry.uwaterloo.ca>



#### RESIDENCY PROGRAMS

Challenging, dynamic residency positions are available in the areas of:

##### Residency Programs at Nova Southeastern University

- **Primary Eye Care**
  - With emphasis in Ocular Disease
  - With emphasis in Cornea and Contact Lenses
  - With emphasis in Low Vision
  - With emphasis in Pediatric Optometry and Binocular Vision
- **Pediatric Optometry**

##### Residency Programs at NSU Affiliated Sites

- **Primary Care**
  - Gainesville VAMC
  - Lake City VAMC
  - Orlando VAMC
  - Bay Pines VAMC
  - Tallahassee VAMC
  - Daytona Beach VA Clinic
- **Ocular Disease**
  - Bascom Palmer Eye Institute
  - Aran Eye Associates
  - Braverman Eye Center
  - Clayton Eye Center

For further information or questions regarding the application procedures, please contact:

**Lori Vollmer, O.D., F.A.A.O.**  
Director of Residency Programs  
Nova Southeastern University - HPD Optometry  
3200 S. University Drive, Ft. Lauderdale, FL 33328  
lvollmer@nova.edu  
954-262-1452

<http://www.nova.edu/optometry/residency/residency.html>



University of Missouri-St. Louis

#### Faculty Position Available Ocular Disease and Eye Health Management

The College of Optometry at the University of Missouri-Saint Louis invites applicants for a clinical track faculty position in the area of eye health management, ocular disease and community health optometry.

**Responsibilities:** The successful candidate will be expected to provide didactic and clinical instruction and patient care within a variety of settings including community health care centers. Areas of emphasis include diagnosis and management of ocular and systemic disease, primary care and community health optometry. Candidates should be willing to explore alternative teaching styles in their classrooms such as learner-centered and case-based approaches.

**Qualifications:** The successful candidate must possess the Doctor of Optometry degree; be eligible for license to practice optometry in Missouri; have completed an ACOE-accredited Optometry Residency or have an equivalent amount of patient care experience; have a sincere commitment to optometric education, scholarly activity and patient care in a variety of environments associated with an academic health center. Rank and salary will be commensurate with training and qualifications.

The College of Optometry includes a 4-year professional degree (OD) program, a graduate program (MS and Ph.D.) and post-professional residency programs. For additional information about the college see: <http://www.umsu.edu/~optometry/>

Applications will be accepted and reviewed immediately. The position will remain open until filled. Applicants should send a curriculum vita, statement of teaching and scholarly interests, and names and addresses of three professional references to:

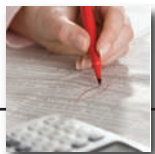
Maria Ahrens, (taylormb@umsu.edu), Administrative Assistant to the Faculty,  
University of Missouri-St. Louis, College of Optometry,  
One University Boulevard, St. Louis, MO 63121-4499  
(314)-516-5616

Electronic submissions are preferred.

The University of Missouri-Saint Louis is an equal opportunity employer dedicated to the pursuit of excellence through diversity.







## CLASSIFIEDS

### Professional Opportunities

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**Busy downtown Milwaukee practice** seeks Optometrist (1-4 days/wk) from mid-Dec through Feb to cover maternity leave. Could lead to permanent PT position (1-2 days/wk). New grads welcome. Please submit resume including salary requirements via email to metroeye@tds.net or fax 414.727.5889

**CENTRAL PENNSYLVANIA.** Well-established practice for sale due to retirement planning. Excellent opportunity for young energetic optometrist. Call 717 892 6761.

### Clinical Director Position Available Immediately.

Professional, principle-centered, multi-site cataract and laser comanagement/referral center seeks optometrist for Clinical Director in the western states. Exciting growth potential. Excellent work environment including unique "team approach" between staff ODs and surgeons with full peer and management support. Ideal candidate will be residency trained in ocular disease and surgical comanagement with at least 3 years experience in like setting. Must have leadership and exceptional communication skills and be clinically independent. Excellent compensation and benefits package. Send CV and letter of interest to Dr. Cindy Murrill at cindy.murrill@pcli.com.

**Fayetteville, North Carolina—**Multidisciplinary practice seeks a full scope optometrist. The ideal candidate should display an interest in ocular disease management, specialty contact lenses, and family eye care. This is a unique and rewarding opportunity for the right individual. Please visit our website at capecfeareye.com and call Ed Kenshock at 919-889-4958 for more information.

**Florida—Practice for Sale.** Palm Beach County. Grossing \$575,000, on 4 OD days/week, netting 34%. Long established practice situated in a freestanding building. 100% Financing Available. www.Transition-Consultants.com 800-416-2055

**Grand Junction, CO—**Exceptional opportunity on Colorado's Western Slope. Large Practice seeking a FT associate Doctor. Excellent salary and benefits package. Contact: 303-725-1988. Tsowash@yahoo.com

**NEW HAMPSHIRE North Hampton.** Buy or rent this office space which has been an optometry practice/optical for 23 years. Frame boards, mirrors still in place. No build out required. \$1,600 NNN or \$250,000 owner-financed purchase. (912) 228-9213 or dlrpvod@gmail.com

**New York City –** Optometrist F/T or P/T for upscale multispecialty Eyecare group in Riverdale to run CL practice. Lots of pathology. Extremely pleasant environment. Excellent salary & benefits. Email resume to: kschnneiderm.d.riverdaleeye@verizon.net

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**PHILADELPHIA.** Practice for sale. \$736,000 on 4 OD days/week. Great opportunity to acquire a reputable practice with cutting edge technology. 100% Financing Available. Call 800-416-2055. www.transition-consultants.com

**PRACTICE FOR SALE—California.** A prime, long-established optometry practice grossing \$2.2 million annually. State of the art equipment and technology. Well run practice with excellent management in place. Located in a smaller northern CA coastal community. Financing Available. Call 800-416-2055.

**PRIVATE PRACTICE FOR SALE - FLORIDA WEST COAST** Tampa Bay area. 1 Mile from beach Very motivated seller 400K Gross; **SELLERS NEEDED FOR BUYERS SEEKING PRIVATE PRACTICES in Ohio, New York and Florida.** Contact Sandra Kennedy at National Practice Brokers (800) 201-3585.

**Southern VA —** High net practice needs associate/partner. Email vita with cover letter to seniorrod@comcast.net

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### Miscellaneous

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**Hands-on Clinical Training in Vision Therapy** is available from OEP for you and your staff at four US sites. Call now for information. 800 447 0370.

**I NEED FRAMES,** temples, bridges stamped 1/10th 12kG.F. (gold filled). New, old stock, or Used. Full, Semi, or Rimless styles. Contact GF Specialties, Ltd. 800/351-6926.

### VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!

How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica.

The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes.

This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to:

VOSH INTERNATIONAL  
C/O IMEC  
1600 Osgood Street  
North Andover, Mass. 01845

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email jaforre@comcast.net and voshinternational@comcast.net.

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### Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$60 (40 words maximum) 2 column inches = \$110 (80 words maximum) 3 column inches = \$150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elsevier.com attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock – Elsevier ad sales contact – at 212.633.3986 for advertising rates for all classifieds and showcase ads.



# The American Optometric Association Order Department

## Office Hours: Monday - Friday, 8AM-4PM (Central Standard Time)

**Fax:** (314) 991-4101

**E-mail:** [Orders@aoa.org](mailto:Orders@aoa.org)

**On the Web:** [www.aoa.org](http://www.aoa.org) under doctors/order department

**Toll-free:** (800) 262-2210  
automated telephone available 24 hours a day, 7 days a week.



American Optometric  
Association

243 N. Lindbergh Blvd.  
St. Louis, MO 63141

### Code Books

A list of codes to aid in submitting Medicare and third party insurance claims.

### CODES

FOR OPTOMETRY

2007



**cpt**  
2007  
Standard Edition

### Pamphlets

We offer a large selection of pamphlets to aid patients in understanding their eye care needs.



### Letterhead

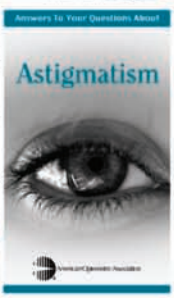
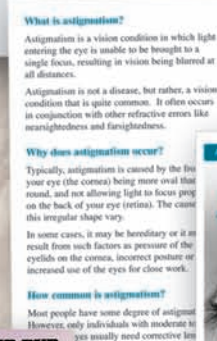
Choose from five different styles to be imprinted with your personal information.

### HIPAA Forms

Notice of Privacy Practices and Patient Authorization forms available in English and Spanish.

### Answer to Your Questions Series

These easy to read pamphlets help answer patients eye care questions.

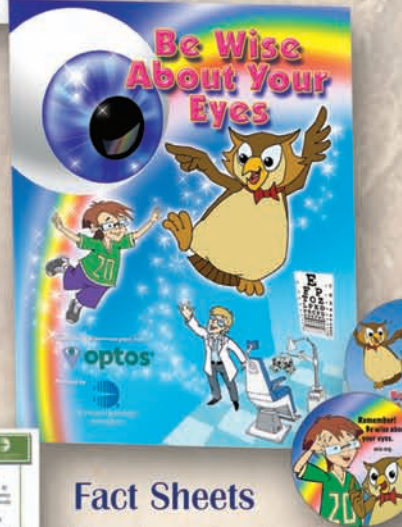


### Cataracts



### Wise Eyes Material

Provides a fun way to teach children about the magic of sight. Designed especially for kindergarten through third grade.



### STRUCTURAL ANATOMY OF THE EYE



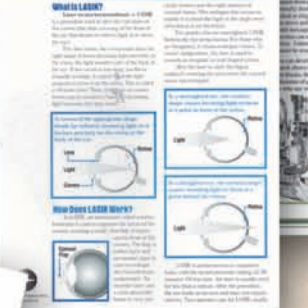
### Charts and Models

Great for office displays and one-to-one patient education.

### Corneal Modifications For Vision Correction

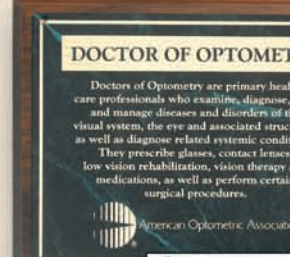


### LASIK For Vision Correction



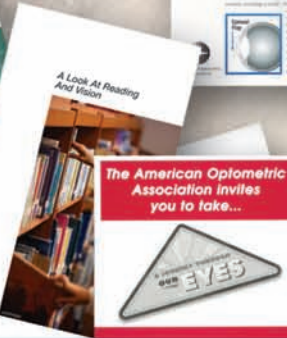
### Fact Sheets

Easy to understand text and interesting facts with well drawn illustrations.



### Educational Material

NEW interactive CD with teachers guide included. Also, several pamphlets written for children's specific vision care.



### Signs and Plaques

Mark the important locations in your office with our large selection of signs. Name badges and plaques also available.





**Dr. Jennifer Planitz**  
**Optometrist**  
**Explorer**  
**Luxottica Partner**

Jennifer Planitz loves trekking in the rugged New Mexico landscape. When she is not trekking, or teaching jazzercise, or contributing an article to a professional journal, Dr. Planitz and her husband run one of New Mexico's busiest optometry practices. Rio Eyecare Vision Source in Rio Rancho, NM has a staff of 12 and offers a specialty in pediatric optometry. She cares a great deal about her patients, her dedicated team and the partners she chooses.

Working together with Luxottica allows her to offer her patients the unsurpassable quality and power of the best brands while she enjoys the impeccable service and financial growth only possible with a partner that truly understands her business. Learn more about the benefits of partnering with Luxottica at [www.luxandme.com](http://www.luxandme.com).

**Luxottica & me**  
[www.luxandme.com](http://www.luxandme.com)

WORKING  
TOGETHER